



Issue #	Name of Issue	Issue Description	Alternatives	Date Posted	Public Comments/Questions	Determination
1	Provider Enrollment	Fiscal agents (FA) are capable of conducting provider enrollment functions. FA's often provide value-added services to states, including in-home care provider enrollment functions. Because of their daily involvement in administering in-home care services, FAs are well positioned to conduct a range of provider enrollment activities. DHHS needs to determine if this is a scope to be included in the FA request for proposal (RFP).	1. Maintain current processes, including future centralized provider management functionality to be determined at a later date. 2. Include some or all provider enrollment functions in the FA RFP.	11/9/2017		Maintain current processes, including future centralized provider management functionality to be determined at a later date.
2	Claims Adjudication	States have the option of contracting with the fiscal agents to either adjudicate the claims they generate/receive internally or generate the claims and send them to the State's system for adjudication. This is one of a few key scope decisions that states need to make when procuring an FA.	1. Utilize FA to adjudicate claims 2. Continue to use NFOCUS to adjudicate claims	11/9/2017		Utilize FA to adjudicate claims.
3	Use of Large Fiscal Agent Vendor	Fiscal Agents are utilized by states that have a consumer- directed HCBS services; however, they can also provide assistance in managing in-home services that are not self-directed. Some states, such as Texas and South Dakota, allow small (local) fiscal agent vendors to provide administrative services to clients. Texas has hundreds of FA's, some of whom only have one or two clients. Other states limit FA participation to larger entities.	1. The state will contract with one or two large fiscal agents. 2. The state will contract with multiple small fiscal agents.	11/9/2017	Will there be a competitive RFP? Will this be subcontracted through the MCOs?	The state will contract with one or two large fiscal agents.
4	Cutover from NFOCUS to Fiscal Agent	There are two general approaches of when to cut over from one claims processing system to another. One is based on the claim's date of service and the other is based upon the claim's date of payment. Most system cutovers are conducted assuming a date of service	1. Claim's date of service should be utilized when determining whether a claim will be adjudicated by the FA vendor or NFOCUS. 2. Claim's date of payment should be utilized when determining whether a claim will be adjudicated by the FA vendor or NFOCUS.	11/9/2017		Claim's date of service should be utilized when determining whether a claim will be adjudicated by the FA vendor or NFOCUS.

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5	Programs/Services to be included in FA Scope	There are a significant number of programs and/or services that could be included in the scope of the Fiscal Agent. The scope is vital to determine up front as it drives the RFP language, responses to the RFP in terms of project duration, and costs relative to claims volumes that can be expected. This project spans across multiple DHHS divisions as like services are provided through various programs administered by MLTC, DDD, and CFS. The recommendations are for the initial go-live. Including additional services post go-live will need review at that time.	<p>Include the following services in FA:</p> <p>State Plan - Personal Assistance Services</p> <p>AD waiver- Chore Respite; Extra Care for Children with Disabilities; Home Again Services; Home-Delivered Meals; Independent Skills Building; Transportation.</p> <p>DD waivers- Supported Employment – Individual, Enclave and Follow-Along; Adult Day; Habilitative Workshop; Non-medical transportation; Residential Habilitation; In-home Residential.</p> <p>SSBG- Chore; Home Delivered Meals; Congregate Meals; Adult Daycare in Home.</p> <p>CFS-Transportation: Commercial Base Rate, Commercial Metro Base Rate, Commercial Mile, Individual Provider, Wheelchair Mileage and Public Transportation.</p>	11/9/2017		
6	Programs/Services to be included in EVV Scope	There are a significant number of programs and/or services that could be included in the scope of the Electronic Visit Verification. The scope is vital to determine up front as it drives the RFP language, responses to the RFP in terms of project duration, and costs relative to claims volumes that can be expected. This project spans across multiple DHHS divisions as like services are provided through various programs administered by MLTC, DDD, and CFS. The recommendations are for the initial go-live. Including additional services post go-live will need review at that time.	<p>Include the following services in EVV:</p> <p>AD Waiver - Chore</p> <p>State Plan - Personal Assistance Services</p>	11/9/2017		
7	Fiscal Agent model	Determine the FA model, or combination of models, that will work best for Nebraska. What will be the FA model in Nebraska - Fiscal Agent Employer, Agency with Choice, or both	<p>1. Fiscal Employer/Agent; or</p> <p>2. Agency with Choice; or</p> <p>3. Both.</p>	12/5/2017		
8	EVV Requirements	Identify the requirements for EVV.	<p>1. Minimal requirements per CMS</p> <p>2. Add additional requirements to meet systems/program needs</p> <p>3. Requirements necessary to address challenges of EVV in rural areas</p>	12/5/2017	<p>Concern expressed regarding successful implementation, availability/usage of landline and cell phones, and impact on finding providers willing to use EVV.</p> <p>Information provided regarding possibility of using GPS to verify locations.</p> <div>   </div>	

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9	Interfaces	Identify the system interfaces necessary for FA-EVV. This will be important relative to agency providers who may want to utilize their own EVV systems assuming they meet technical requirements.	Interfaces will vary depending upon the final FA model chosen and the scope of the services to be included in FA/EVV.	12/5/2017		
10	FA Client Information Gathering	Identify different means available for FA to receive information about the individuals they are serving.	1. Data/interface feeds from DHHS 2. Surveys 3. Stakeholder meetings 4. Data conversion - historical claims	12/5/2017		
11	FA Requirements - Employer registration	Identify the services the FA will be required to register the client as an employer with all applicable federal and state agencies (IRS, NE DOL, NE Revenue).	This will be reviewed after scope of services included in FA/EVV is finalized.	12/5/2017		
12	FA Requirements - Required Forms	Identify the services the FA will be responsible for providing the employee with all required paperwork (W-4, USCUS I-9), ensuring accuracy of the complete paperwork, and maintaining the paperwork on file.	This will be reviewed after scope of services included in FA/EVV is finalized.	12/5/2017		
13	FA Requirements - Utilization Tracking and Management	Identify the services the FA will be required to perform utilization tracking and management. For each service, the expected workflow for the FA will be described, including whether tracking and management will take place within the context of a self-directed budget or within another context (e.g., plan of care or non-self-directed authorization).	This will be reviewed after scope of services included in FA/EVV is finalized.	12/5/2017		
14	FA Requirements - Reporting, Utilization Tracking and Management	For each service in which the FA will be responsible for utilization tracking and management, identify the FA utilization reporting required, how often the reporting will occur, and to whom will these reports be sent.	This will be reviewed after scope of services included in FA/EVV is finalized.	12/5/2017		
15	FA Requirements - Overutilization	For each service in which the FA will be responsible for utilization tracking and management, identify how the FA handle instances in overutilization of services.	This will be reviewed after scope of services included in FA/EVV is finalized.	12/5/2017		
16	FA Billing	Determine how the FA will be paid for administration costs and reimbursed for costs of actual services.	1. FA upfronts service costs, then sends invoice to DHHS. 2. FA sends service cost request prior to payroll, DHHS transfers funds to FA, then FA runs payroll. 3. FA administration costs billed to DHHS - usually monthly, but will it be based on per members or #'s of claims adjudicated.	12/5/2017		
17	EVV Workflow	Identify the EVV workflow (how consumer and worker data gets into the EVV system, what happens with time data once entered in the EVV system), which may differ depending on service or program.	1. DHHS determine workflows 2. Allow vendor to propose workflows based upon best practices	12/5/2017	We currently use an electronic health record/electronic medical record system, will that meet EVV requirements?	
18	Payment Cycles	Identify how many times weekly the FA will run a payroll. Currently, NFOCUS processes payments Monday-Thursday and Saturday.	1. Once Weekly Payment Cycle 2. Twice Weekly Payment Cycle 3. Same number of Payment Cycles	12/5/2017		
19	FA Funding Mechanism	States may fund FA activities as an administrative expense or as a services expense.	1. Administrative activity 2. Services activity	12/5/2017		

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20	Which providers will be included in FA scope	Many services are provided by individual and agency providers. DHHS needs to determine scope of provider types to be included. This issue involves making determinations for both the FA scope and the EVV scope.	1. Individual providers only 2. Individual and agency providers	12/5/2017		